

**Office of STD/HIV
Care and Services Division**

570 East Woodrow Wilson • Post Office Box 1700
Jackson, Mississippi 39215-1700
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Patient Toll Free Number 1-888-343-7373

Patient Eligibility Sheet

**AIDS Drug Assistance Program (ADAP – Contact Eva Thomas, Carolyn Anderson, Emmetta Jones)
(MSDH Pharmacy: 601-713-3457- Sandy Dickens, RPh, Josie Gong, RPh)**

Financial Criterion –

- The patient must have total household income less than 400% of the Federal Poverty Level

General Medical Criterion –

- Verifiable report of HIV Infection
- CD4= < 500 in treatment naive patients (copy of **most recent**, actual qualifying laboratory results required with application)
- Conditions in which CD4 may be higher than 500, but pt may still qualify for ADAP:
 - AIDS defining illness
 - Pregnancy (**Must apply for Medicaid 1st**)
 - HIV associated Nephropathy
 - Hepatitis B virus co-infection when tx for hepatitis B is indicated
 - Hepatitis C virus co-infection

Antiretroviral Formulary and Specific Medical Criteria

- **Atripla® (efavirenz 600mg {EFV}/emtricitabine 200mg {FTC } / tenofovir disoproxil fumarate 300mg {TDF})** - 30 tablets/bottle
- **Complera® (emtricitabine 200mg {FTC}/rilpivirine 25mg/tenofovir disoproxil fumarate 300mg {TDF})** – 30 tablets/bottle
- **Stribild® (elvitegravir 150mg/cobicistat 150mg/ emtricitabine 200mg {FTC}/ tenofovir disoproxil fumarate 300mg {FTC})** – 30 tablets/bottle

Nucleoside (Nucleotide Analogs) Reverse Transcriptase Inhibitors (NRTIs)

- **Combivir® (lamivudine 150mg / zidovudine 300mg)** – 60 tablets/bottle
- **Emtriva® (emtricitabine, FTC)** – 200mg capsules, 30/bottle; 10mg/mL oral solution (200mL)
- **Epivir® (lamivudine, 3TC)** – 150mg tablets, 60/bottle; 300mg tablets, 30/bottle; 10mg/mL oral solution (240mL)
- **Epzicom® (abacavir 600mg / lamivudine 300mg)** -- 30 tablets/bottle
- **Retrovir® (zidovudine, AZT, ZDV)** – 100mg capsules, 100/bottle; 300mg tablets, 60/bottle; 50mg/5mL syrup (240mL)
- **Trizivir® (abacavir 300mg / lamivudine 300mg / zidovudine 300mg)** – 60 tablets/bottle
- **Truvada® (emtricitabine 200mg / tenofovir disoproxil 300mg)** – 30 tablets/bottle
- **Videx EC® (didanosine enteric coated pellets)** – 125mg, 250mg and 400mg capsules, 30/bottle
- **Videx Pediatric Powder-** special order as needed

NRTIs, continued

- **Viread® (tenofovir disoproxil, TDF)** – 300mg tablets, 30/bottle
- **Zerit® (stavudine, d4T)** – 20mg capsules; 30mg capsules; 40mg capsules, 60/bottle
- **Ziagen® (abacavir, ABC)** – 300mg tablets, 60/bottle; 20mg/mL oral solution (240mL)

Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs)

- **Edurant® (rilpivirine)** – 25 mg tablets, 30/bottle
- **Intelence®(etravirine, ETV)-** 200 mg tablets, 60/bottle
- **Sustiva® (efavirenz, EFV)** – 50mg capsules, 30/bottle; 200mg capsules, 90/bottle; 600mg tablets, 30/bottle
- **Viramune® (nevirapine immediate release, NVP)** – 200mg tablets, 60/bottle; 50mg/5mL suspension (240mL)
- **Viramune XR® (nevirapine extended release)-** 400 mg tablets, 30/bottle

Protease Inhibitors

- **Aptivus® (tipranavir, TPV)** – 250mg capsules, 120/bottle
- **Crixivan® (indinavir, IDV)** –400mg capsules, 180/bottle
- **Invirase® (saquinavir, SQV)** –500mg tablets, 120/bottle
- **Kaletra® (lopinavir / ritonavir, LPV)** –200mg/50mg tablets, 120/bottle; 100mg/25mg tablets, 60/bottle, 80mg-20mg/mL oral liquid (160mL);
- **Lexiva® (fos-amprenavir, FPV)** – 700mg tablets, 60/bottle
- **Norvir® (ritonavir, RTV)** – 100mg tablets, 30/bottle; 80mg/mL oral solution (240mL)
- **Prezista® (darunavir)** –400mg tablets, 60/bottle; 600 mg tablets, 60/bottle
- **Reyataz® (atazanavir, ATV)** -200mg capsules, 60/bottle; 300mg capsules, 30/bottle
- **Viracept® (nelfinavir, NFV)** 625mg tablets, 120/bottle; 50mg/gm Pediatric powder (144 gm)

Fusion Inhibitor

- **Fuzeon® (enfuvirtide, T-20)** – 90mg subcutaneous injection kits (1 month supply). Documentation of treatment failure required.

CCR5 Inhibitor

- **Selzentry® (maraviroc)** – 150mg tablets, 60/bottle and 300mg tablets, 60/bottle. Requires Trofile test results indicating effectiveness.

Integrase Inhibitor

- **Isentress® (raltegravir)** – 400mg tablets, 60/bottle

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General Formulary

- **Bactrim SS (Sulfatrim, TMP/SMX, trimethoprim / sulfamethoxazole)** – 80mg/400mg tablets, 100/bottle; 40mg-200mg/5mL oral suspension
- **Biaxin® (clarithromycin)** – 500mg tablets, 60/bottle.
- **Celexa® (citalopram)** – 20mg tablets, 100/bottle; 40mg tablets, 100/bottle
- **Cleocin® (clindamycin)** – 150mg capsules, 100/bottle
- **Copegus® (ribavirin)**- 200 mg capsules, 84/bottle
- **Dapsone** –100mg tablets, 30 tablets/box
- **Daraprim® (pyrimethamine)** – 25mg tablets, 100/bottle.
- **Diflucan® (fluconazole)** – 100mg tablets, 30/bottle; 200mg tablets, 30/bottle
- **Elavil® (amitriptyline HCl)** – 25mg tablets and 50mg tablets, 1000/bottle.
- **Leucovorin** – 5mg tablets, 100/bottle
- **Isoniazid**- 300 mg, 30/bottle
- **Lipitor® (atorvastatin)** – 10mg, 20mg and 40mg tablets, 90/bottle
- **Myambutol® (ethambutol)** – 400mg tablets, 100/bottle.
- **Mycobutin® (rifabutin)** – 150 mg capsules, 100/bottle.
- **NebuPent (pentamidine)** – 300mg aerosol/vial
- **Neurontin® (gabapentin)** – 300mg capsules, 100/bottle; 400mg, 100/bottle, 600mg and 800mg tablets, 100/bottle.

- **Niaspan® (niacin extended release)** – 500mg tablets, 90/bottle 1000mg tablets, 90/bottle.
- **Oxandrin® (oxandrolone)** -- 2.5mg tablets, 60/bottle; 10mg tablets, 100/bottle.
- **Pegasys® (peg interferon alfa 2a)** – 180mcg/mL sub-cutaneous injection, one month supply kit.
- **Peridex® (chlorhexidine gluconate)**- Recommended use is twice daily oral rinsing for 30 seconds, morning and evening after toothbrushing.
- **Pyrazinamide**- 500 mg tablets, 500/bottle
- **Rifampin**- 150 mg capsules, 60/bottle
- **Rifampin**- 300 mg capsules, 60/bottle
- **Sporanox® (itraconazole)** – 100mg capsules, 30/bottle; 10mg/mL oral solution.
- **Sulfadiazine** – 500mg tablets, 100/bottle.
- **Valcyte® (valgancyclovir)** – 450mg tablets, 60/bottle
- **Valtrex® (valacyclovir)** –1gm tablets, 30/bottle
- **Zithromax® (azithromycin)** – 250mg and 600mg tablets, 30/bottle;
- **Zoloft® (sertraline)** – 50mg and 100mg tablets, 30/bottle.
- **Zovirax® (acyclovir)** –400mg tablets, 100/bottle

ADAP Dentist Use Only

- **Amoxicillin** – 500mg capsules, 500/bottle
- **Metronidazole** – 500mg tablets, 500/bottle

“Ryan White HIV/AIDS Funding is the Payer of Last Resort”

Home Based Program – (Contact Eva Thomas)

<u>Financial Criterion</u>	<u>Medical Criteria</u>
<ul style="list-style-type: none"> • The patient must have total household income less than 400% of the Federal Poverty Level 	<ul style="list-style-type: none"> • Provision of IV therapy and aerosolized pentamidine for medically or chronically dependent HIV/AIDS patients in the home. Written physicians’ orders required.

HOPWA

(Housing Opportunities for Persons with HIV/AIDS) – (Contact Valencia Evans or Suprena Davis)

<u>Financial Criterion</u>	<u>Medical Criterion</u>
<ul style="list-style-type: none"> • The income limit is based on the cost of living per county. The amount of rental assistance is based on fair market rent per county. For additional information, contact Social Services at your local health department or the CARE and Services Division. 	<ul style="list-style-type: none"> • Verifiable diagnosis of HIV or AIDS

Pharmacist Consultation – (Contact Artis Young, RPh, MHCM - 601/432-4861)

- Patient medication counseling services – available to enhance patient adherence to HIV medication regimen.